

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Agricultural Aviation Association Ag-Av PAC

Full Name (Last, First, Middle Initial)

**A. JIM COSTA FOR CONGRESS**

Mailing Address 2037 WEST BULLARD PMB #509

City  
FRESNO

State  
CA

Zip Code  
93711

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 20

**Transaction ID: SB23.6023**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Peter ROSKAM FOR CONGRESS COMMITTEE**

Mailing Address 423 W. Wesley Street

City  
Wheaton

State  
IL

Zip Code  
60189

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 6

**Transaction ID: SB23.6038**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Jim TALENT FOR SENATE COMMITTEE**

Mailing Address 9467 DIELMAN ROCK ISLAND IND DR

City  
ST LOUIS

State  
MO

Zip Code  
63132

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 00

**Transaction ID: SB23.6042**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....